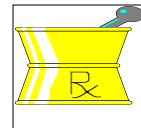




STATE MEDICAID P&T COMMITTEE MEETING
THURSDAY, June 16, 2011
7:00 a.m. to 8:30 a.m.
Cannon Health Building
Room 114



MINUTES

Committee Members Present:

Ellie Brownstein, M.D.

Kort DeLost, R.Ph.

Lisa Hunt, R.Ph.

Beth Johnson, R.Ph.

Karen Gunning, PharmD.

Dept. of Health/Div. of Health Care Financing Staff Present:

Tim Morley, R.Ph.

Jennifer Zeleny

Richard Sorenson, R.N.

University of Utah Drug Information Center Staff Present:

Gary Oderda, PharmD.

Melissa Archer, PharmD.

Other Individuals Present:

Kim Eggert, Gildead Sciences

Lori Howarth, Bayer

Whitney McMillen, Medicine Shoppe

R Beus, AstraZeneca

Roy Martineau, MD

Julia Ozbolt

Charissa Anne, J&J

Kathy Karnik, J&J

Joe Cramer, DOH

Sabrina Aery, BMS

Meeting conducted by: Karen Gunning PharmD., Co-Chairperson.

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1. Review and Approval of Minutes: Kort DeLost moved to approve the minutes. Beth Johnson seconded the motion. The motion was approved unanimously by Kort DeLost, Karen Gunning, Beth Johnson, and Lisa Hunt.
 2. Housekeeping: Lisa Hunt addressed the Committee. She is hoping to add 2-3 more Committee members in the next month. There are several drug classes with upper management awaiting approval.
 3. DUR Board Update: Earlier in June, the DUR Board placed a PA on Krystexxa and reviewed grandfathered drugs. The anticipated agenda for July and August was reviewed. Karen asked if there are any current PA criteria for oral systemic antifungals. Jennifer stated that terbinafine only is on PA.
 4. Melissa Archer from the University of Utah presented research on absorbable oral antifungal agents.

Karen Gunning asked if there was any reason to include griseofulvin. Dr. Brownstein stated that tinea capitis was the only condition that required the agent, and the

numbers of individuals with the condition were relatively few.

Karen asked if voriconazole would be used inpatient versus outpatient. Melissa and Kort stated that this would possibly be continued on an outpatient basis.

Karen asked why there is a PA on terbinafine rather than a quantity limit. Jennifer stated that the current system cannot calculate cumulative use over the course of the year. The new system should be able to handle this without a PA.

Karen stated that it may not be possible to determine comparative safety and efficacy in this class, as the different drugs have different safety and efficacy profiles depending on the condition being treated. However, based on utilization, fluconazole in all dosage forms needs to be included.

The Committee felt that it is also necessary to include voriconazole, because the patients who are taking it need to have access to uninterrupted treatment.

The Committee also felt that it was necessary to maintain access to terbinafine.

Karen restated Dr. Brownstein's official motion that at least fluconazole in all forms, voriconazole, and terbinafine needed to be on the PDL. However, there are no clear-cut differences in safety and efficacy for the entire class. This is a risk management decision based on the patient's condition. Kort DeLost seconded the motion.

Tim asked if there need to be separate criteria for this drug class. Karen stated that the existing non-preferred criteria are fine. If the provider has cultured the fungus for sensitivity, then obviously the treatment of choice should be approved upon request.

The motion was approved unanimously by Kort DeLost, Karen Gunning, Beth Johnson, Ellie Brownstein, and Lisa Hunt.

5 Introduction of Dr. Cramer: Lisa Hunt introduced Dr. Joe Cramer who is the newly appointed Medicaid Medical Director. Committee members were introduced to Dr. Cramer.

6 Flovent: Dr. Brownstein stated that she was not on the Committee when the decision on pulmonary corticosteroids was made. Lisa clarified that Flovent was non-preferred since 2008, but the system was not programmed correctly.

Karen stated that this was before the Committee was cognizant of utilization patterns and the impact of changing. Dr. Brownstein stated that two of the preferred drugs are powdered inhalers, which small children cannot use with a spacer. Karen stated that it would probably be fine to limited to pediatrics.

Beth Johnson stated that the contract differences versus volume of change made the formulary status not worth changing for IHC when she reviewed it.

Dr. Brownstein moved to include Flovent on the PDL. Lisa Hunt seconded the motion. The motion was approved unanimously by Kort DeLost, Karen Gunning, Beth Johnson, Ellie Brownstein, and Lisa Hunt.

- 7 Housekeeping: Lisa Hunt stated that she has received a number of nominations for new P&T Committee members. Those new members should hopefully be appointed by the July meeting.

Medicaid is also in the process of obtaining a new pharmacy point of sale system. There should be some enhanced capability for claims processing with this system. The Committee specifically requested that denials for PDL prior authorizations include a list of preferred drugs.

Next Meeting Set for Thursday, July 21, 2011

Meeting Adjourned.

Minutes prepared by Jennifer Zeleny